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(54) Apparatus for antitachycardia pacing in dual chamber arrhythmia control system

Gerät zur Antitachykardiereizung beim Zweikammer-Arrhythmienkontrollsystem

Appareil de stimulation d'antitachycardie dans un système de contrôle des arythmies à double chambre

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(73) Proprietor: **TELECTRONICS N.V.**
Curaçao (AN)

(72) Inventor: **Gilli, Norma Louise**
Elanora Heights N.S.W. 2102 (AU)

(74) Representative: **Sturt, Clifford Mark et al**
MARKS & CLERK
57-60 Lincoln's Inn Fields
London WC2A 3LS (GB)

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Description

This invention relates to implantable medical devices which monitor the cardiac state of a patient by sensing the patient's intrinsic rhythm, atrial and ventricular tachycardia, atrial and ventricular fibrillation/flutter and which deliver therapy in the form of electrical energy to cardiac tissue in both chambers of the heart in an attempt to revert tachycardia and restore a normal sinus rhythm. More particularly, the invention relates to an apparatus for antitachycardia pacing (ATP) in a dual chamber arrhythmia control system. Although the invention may be incorporated in an antitachycardia pacing device alone, it is described herein as operating in a combined implantable antitachycardia pacing, bradycardia pacing, defibrillating or cardioverting arrhythmia control system.

As used herein, the term tachycardia refers to any fast abnormal rhythm of the heart which may be amenable to treatment by electrical discharges and specifically includes sinus tachycardia, supraventricular tachycardia (SVT), atrial tachycardia, (AT), atrial fibrillation and flutter (AF), ventricular tachycardia (VT), ventricular flutter and ventricular fibrillation (VF).

United States Patent No. 3,857,398 to Rubin describes a combined pacer/defibrillator. This device either performs a bradycardia pacing or a defibrillation function depending on the detection of a VT/VF. If a VT/VF is detected, the device is switched to the defibrillating mode. After a period of time to charge the capacitor, a defibrillation shock is delivered to the patient.

Improvements on this device were contained in a multiprogrammable, telemetric, implantable defibrillator which is disclosed in copending Patent Application Serial No. 239,624 entitled "Reconfirmation Prior to Shock in Implantable Defibrillator". The device contains a bradycardia support system as well as a high energy shock system to revert ventricular tachycardias to normal sinus rhythm. On reconfirmation of the presence of a tachycardia, a shock is delivered to the patient at a predetermined time or when the desired energy level is reached.

As cardioversion or defibrillation shocks can be very unpleasant to a patient, especially when delivered frequently, it became necessary therefore to provide a device which included antitachycardia pacing therapy along with bradycardia support pacing therapy and defibrillation or cardioversion therapy, so that the implanted device could automatically provide the necessary therapy from a range of therapies offered by the device. Hence a further development in the field of combined implantable devices is described in copending United States patent application No. 187,787, to Grevis and Gilli, filed April 29, 1988, and entitled "Apparatus and Method for Controlling Multiple Sensitivities in Arrhythmia Control Systems Including Post Therapy Pacing Delay", assigned to the assignee of the present invention. This device is a microcomputer based arrhythmia control system which is programmable by means of a telemetric link. The device provides single chamber bradycardia support pacing, antitachycardia pacing, and cardioversion or defibrillation shocks for restoring normal sinus rhythm to a patient.

Additionally, various specific developments have been made in the field of tachycardia control pacers. Tachycardia is a condition in which the heart beats very rapidly; with a ventricular rate higher than 100 bpm and typically above 150 bpm and an atrial rate as high as 400bpm. There are several different pacing modalities which have been suggested for the termination of tachycardia. The underlying principle in all of them is that if a pacer stimulates the heart at least once shortly after a heartbeat, before the next naturally occurring heartbeat at the rapid rate, the heart may successfully revert to normal sinus rhythm. Tachycardia is often the result of electrical feedback within the heart. A natural beat results in the feedback of an electrical stimulus which prematurely triggers another beat. By interposing a stimulated heartbeat, the stability of the feedback loop is disrupted.

In United States Patent 3,942,534 to Spurrell et al. there is disclosed a pacer which, following detection of a tachycardia, generates an atrial (or ventricular) stimulus after a delay interval. If that stimulus is not successful in terminating the condition, then another stimulus is generated after another premature heartbeat following a slightly different delay. The device constantly adjusts the delay interval by scanning through a predetermined delay range. Stimulation ceases as soon as the heart is restored to sinus rhythm. If successful reversion is not achieved during one complete scan, then the cycle is repeated. The device further provides a second stimulus following the first, both stimuli occurring within the tachycardia cycle, i.e. before the next naturally occurring rapid beat. The time period between a heartbeat and the first stimulus is known as the initial delay, while the time period between the first stimulus and the second stimulus is known as the coupled interval. In this device, once the coupled interval is set by a physician it is fixed, and therefore the second stimulus always occurs a predetermined time after the first stimulus, no matter when the first stimulus occurs after the last heartbeat or how fast is the rate of the tachycardia.

In United States Patent 4,390,021 to Spurrell et al. there is disclosed a pacer for controlling tachycardia in which the coupled interval, as well as the initial delay, is scanned. The time parameters which are successful in terminating the tachycardia are stored so that upon confirmation of another tachycardia event, the previously successful time parameters are the first ones to be tried. The device also allows tachycardia to be induced by the physician to allow for programming of the initial delay and the coupled interval parameters.

United States patent 4,398,536 to Nappholz et al. discloses a scanning burst tachycardia control pacer. Following each tachycardia confirmation, a burst of a programmed number of stimulating atrial (or ventricular) pulses is generated. The rates of the bursts increase

from cycle to cycle whereby following each tachycardia confirmation, a pulse burst at a different rate is generated. The rate of a burst which is successful in terminating tachycardia is stored, and following the next tachycardia confirmation, the stored rate is used for the first burst which is generated.

In United States Patent 4,406,287 to Nappholz et al. there is disclosed a variable length scanning burst tachycardia control pacer. The physician programs the maximum number of pulses in a burst. The number of pulses in a burst is scanned, and the number which is successful in terminating tachycardia is registered so that it is available for first use when a new tachycardia episode is confirmed. Successive bursts, all at the same rate, have different numbers of pulses, the pulse number scanning being in the upward direction. If all bursts are unsuccessful, a new rate is tried and the number scanning begins over again. Thus all combinations of rates and pulse numbers are tried, with the successful combination being used first following the next tachycardia confirmation.

United States Patent 4,408,606 to Spurrell et al. discloses a rate related tachycardia control pacer. Following tachycardia confirmation, a burst of at least three stimulating pulses is generated. The time intervals between successive pulses decrease by a fixed decrement; hence the rate of the pulses increases during each cycle of operation. The first pulse is generated following the last heartbeat which is used to confirm tachycardia at a time which is dependent on the tachycardia rate. The time delay between the last heartbeat and the first pulse in the burst is equal to the time interval between the last two heartbeats less the fixed decrement which characterizes successive time intervals between stimulating pulses.

Dual chamber heart pacers have been developed in order to generate sequential atrial and ventricular pacing pulses which closely match the physiological requirements of the patient. A conventional dual chamber heart pacer as disclosed in United States Patent No. 4,429,697 to Nappholz et al. includes atrial beat sensing and pulse generating circuits along with ventricular beat sensing and pulse generating circuits. It is known that the detection of a ventricular beat or the generation of a ventricular pacing pulse initiates the timing of an interval known as the VA delay. If an atrial beat is not sensed prior to expiration of the VA delay interval, then an atrial pacing pulse is generated. Following the generation of an atrial pacing pulse, or a sensed atrial beat, an interval known as the AV delay is timed. If a ventricular beat is not sensed prior to the expiration of the AV delay interval, then a ventricular pacing pulse is generated. With the generation of a ventricular pacing pulse, or the sensing of a ventricular beat, the VA delay timing starts again. This patent describes how the VA delay timing interval may be divided into three parts; the atrial refractory period, the Wenckeback timing window, and the P-wave synchrony timing window. It outlines the importance of controlling the ventricular rate in comparison with the atrial rate in order to maintain synchrony between the atrium and the ventricle. The patent does not however address the issue of antitachycardia pacing therapy.

Prior art single chamber antitachycardia pacing devices which provide antitachycardia pacing bursts to either the atrium or the ventricle, have shortcomings in that they lack the required synchrony between the atrium and the ventricle, which reduces the percentage of successful reversions. Especially in the case of ventricular antitachycardia pacing, although the pacing may revert an arrhythmia, at the same time however, it increases the risk of adversely affecting the patient by means of a decrease in arterial pressure due to the rapid pacing. As a result of the haemodynamic compromise or lowered haemodynamic status of the myocardium during the arrhythmia and pacing, there is a high risk of a ventricular tachycardia accelerating to a faster ventricular tachycardia and even to a ventricular fibrillation. This has been shown in an article by Fisher et al. entitled "Termination of Ventricular Tachycardia with Burst or Rapid Ventricular Pacing", American Journal of Cardiology, Vol. 41 (January, 1978), page 96. Not only does this present a potentially hazardous situation to the patient, but it also makes it more difficult for the device to revert the patient. Reversion would necessarily demand more energy of the device and perhaps even cardioversion or defibrillation therapy which is not available in many pacing devices. Furthermore, prior art devices are very limited in the provision of individualized therapy to the patient by patient dependent parameters such as the AV delay.

Many antitachycardia pacing therapy devices at present include defibrillation support within the device in order to provide adequate safety to a patient. It is highly advantageous to prevent the development of VT's or atrial fibrillations or to terminate them quickly if they appear, rather than allowing the arrhythmia to develop to such an extent that a defibrillation shock is necessary.

European Patent Specification EP-A-0087756, discloses a heart pacemaker according to the preamble of claim 1. The device has a controllable time delay element for setting the time between atrial and ventricular activity. To terminate tachycardia a tachycardia detector has a time delay element such that the AV time is altered upon the occurrence of tachycardia. After a predetermined time or when the tachycardia is terminated, the time delay element returns to the original AV time. The patent discusses the need to stimulate the tachycardiac heart at a proper point in time to transfer into a refractory phase thus neutralizing the cycle causing the tachycardia. The patent suggests stimulating the ventricle with a specific delay relative to the atrial event or stimulating the atrium after a specific delay relative to a ventricular event.

European Patent Specification EP-A-0189320 discloses a single chamber tachycardia reversion pacer. A sequence of pacing pulses at intervals which are a function of the effective refractory period intrinsically associ-

ated with the rate of the patient's heartbeats is supplied. If the tachycardia is not terminated, a different sequence is applied having a lower rate if at least one unevoked heartbeat was sensed during the preceding pacing pulse sequence. In the absence of any unevoked heartbeat, the rate is increased. To smooth the transition between the fast pulses used to terminate the tachycardia and subsequent sinus rhythm, pacing pulses are generated at increasing pacing intervals until they merge into standby pacing.

French Patent Application FR-A-2618339 discloses an antitachycardia device that delivers therapy at two different energy levels. The second therapy is a higher energy shock than the first and is applied at a time which depends upon the hemodynamic condition of the patient. The high energy shock is described as over 30 Joules of energy (Page 1, line 16). Thus this device is not concerned with pulses of shocks alternating between auricle and ventricle in a pattern in the manner of the present invention. The detection of the hemodynamic condition that causes the large shock to be administered is not determined from the electrical pattern of the heart, but involves such factors as oxygen concentration, stroke volume, blood pressure, and respiration (Page 7, lines 26-33).

It is an object of the invention to provide an automatic implantable device for applying antitachycardia pacing therapy with an improvement in patient safety by ensuring that the patient maintains an improved haemodynamic status during application of the antitachycardia pacing therapy as compared to prior devices.

It is a further object of the invention to provide means for synchrony between the atrium and the ventricle during antitachycardia pacing therapy so that the arterial pressure is either maintained or increased during the therapy.

It is a further object of the invention to increase the opportunities for antitachycardia pacing therapy by means of a device providing a reliable low risk energy saving therapy with a higher chance of faster and more successful reversion.

It is a further object of the invention to reduce the number or the necessity of defibrillation shocks given to a patient by preventing the development of VT's and AF's in a patient by means of a device including a more effective dual chamber antitachycardia pacing algorithm.

It is a further object of the invention to provide a means during the application of dual chamber antitachycardia pacing therapy for the detection of inherent QRS complexes and a further means for providing cardioversion or defibrillation therapy if the detected QRS complexes meet programmed x/y and tachycardia cycle length criteria, in order to detect acceleration to VF's or fast VT's.

It is a further object of the invention to provide an automatic implantable dual chamber arrhythmia control system which can individualize the antitachycardia pacing therapy to each patient by means of programming parameters such as the AV delay as a percentage of the tachycardia cycle length.

According to the present invention, there is provided a dual chamber antitachycardia pacing device for the reversion of tachycardias in a heart comprising: means for detecting tachycardia, means for measuring cycle length of said tachycardia, means for determining an initial value of an AV delay interval, pulse generating means responsive to said tachycardia detecting means for generating heart stimulating pulses for the atrium and for the ventricle, wherein the dual chamber antitachycardia pacing device comprises means for determining a value of a VA delay interval less than or equal to the tachycardia cycle length, and wherein said pulse generating means includes means for delivering a predetermined series of M pulse trains with each train consisting of a total of 2N, where M and N are integers greater than 1, pacing pulses delivered in an alternating sequence to respective atrial and ventricular cardiac leads, so that timing of said delivered pulses is in accordance with the values of the VA delay interval and the AV delay interval, whereby each train comprises the delivery of a pacing pulse to the atrial cardiac lead at the expiration of each of N VA delay intervals and a pacing pulse to the ventricular cardiac lead at the expiration of each of N AV delay intervals, and means for varying said AV delay interval from said programmed initial value at least once prior to completion of said series of M pulse trains.

Embodiments of the invention may be provided with confirmation means for confirming the presence of the tachycardia prior to enabling the pulse generating means. In this case the pulse generating means is responsive to the confirmation means.

In a preferred embodiment, means may be included for sensing inherent QRS complexes during the time between delivery of the pacing pulse trains, means for determining an acceleration cycle length value less than the tachycardia cycle length, means for measuring cycle length of the sensed QRS complexes, and means for delivering at least one of cardioversion and defibrillation when a number of cycle lengths of the sensed QRS complexes are less than the acceleration detection cycle length.

Further objects, features and advantages of the invention will become apparent upon consideration of the following detailed description in conjunction with the drawings in which:

FIG. 1 is a block diagram of a dual chamber arrhythmia control system (ACS);

FIG. 2 is a block diagram of the pacemaker of FIG. 1;

FIG. 3 is a block diagram of the microprocessor of FIG. 1;

FIG. 4 illustrates an embodiment of the antitachycardia pacing algorithm according to the invention;

FIG. 5 illustrates a further embodiment of the dual chamber antitachycardia pacing algorithm accord-

ing to the invention incorporating overdrive antitachycardia pacing; and

FIG. 6 is a flow chart for detection of acceleration to VF/fast VT during dual chamber antitachycardia pacing therapy.

Referring to FIG. 1, there is depicted a block diagram of an arrhythmia control system 1. System 1 is designed to be implantable in a patient and includes a pulse module 10 and appropriate leads for connecting module 10 to a patient's heart 11. More particularly, system 1 will generally include an atrial cardiac lead 12 extending to the atrium of the patient's heart for the administration of therapy to the atrium and a ventricular cardiac lead 13 extending to the ventricle of the patient's heart for the administration of therapy to the ventricle. System 1 generally also includes a pacemaker 17 for the detection of analog signals representing cardiac electrical activity and for the delivery of pacing pulses to the heart; a microprocessor 19 which, in response to various inputs received from the pacemaker 17 as well as from a defibrillator 16, performs various operations so as to generate different control and data outputs to both pacemaker 17 and defibrillator 16; and a power supply 18 for the provision of a reliable voltage level to pacemaker 17, microprocessor 19 and defibrillator 16 by suitable electrical conductors (not shown). Defibrillator 16 produces a high voltage to charge its capacitors and then discharges them in response to control signals from microprocessor 19. A defibrillator electrode lead 14 transfers the energy of a defibrillator shock 15 from the implanted pulse module 10 to the heart 11.

Microprocessor 19 is connected to a RAM/ROM unit 121 by an address and data bus 122. An end-of-life (EOL) signal line 124 is used to provide, to microprocessor 19, a logic signal indicative of the approach of battery failure in power supply 18.

As more fully described below, microprocessor 19 and pacemaker 17 are connected by a communication bus 42, an atrial sense line 45, an atrial pace control line 46 an atrial sensitivity control bus 43, an atrial pace energy control bus 44, a ventricular sense line 49, a ventricular pace control line 50, a ventricular sensitivity control bus 47, and a ventricular pace energy control bus 48. As also more fully described below, microprocessor 19 is connected to defibrillator 16 by a charged voltage level line 61, a charge control bus 60, a shock control bus 59, and a dump control bus 58.

Referring to FIG. 2, pacemaker 17 comprises circuitry for atrial pacing 24, ventricular pacing 34, atrial sensing 25, ventricular sensing 35, and telemetry 30. In addition, pacemaker 17 includes a control block 39 which includes an interface to microprocessor 19.

In operation, sensing circuits 25 and 35 detect respective atrial and ventricular analog signals 23 and 33 from the heart 11 and convert the detected signals to digital signals. In addition, the sensing circuits 25 and 35 receive an input atrial sense control 27 and an input ventricular sense control 37, respectively, from the control block 39 which determines the sensitivity applied to the detection circuit. As more fully described below, a change in this sensitivity will affect the voltage deviation required at the sensing electrode for a sense to be registered. The operation of the logic which changes the sensitivity is described in greater detail in copending United States Patent Application Serial No. 187,797 of Richard Grevis and Norma Louise Gilli, filed April 29, 1988, entitled "Apparatus And Method For Controlling Multiple Sensitivities In Arrhythmia Control System Including Post Therapy Pacing Delay," which is assigned to the assignee of the present invention and is incorporated herein by reference.

Atrial pacing circuit 24 receives from control block 39 via an atrial pacing control bus 28 an atrial pace control input and an atrial pacing energy control input. Similarly, ventricular pacing circuit 34 receives from control block 39, via a ventricular pacing control bus 38, a ventricular pace control input and a ventricular pacing energy control input. The atrial and ventricular pace control inputs determine the respective types of atrial and ventricular pacing to occur, while the atrial and ventricular pacing energy control inputs determine the respective magnitudes of the pulse energy. The operation of the logic which changes the pulse energy is described in greater detail in United States Patent No. 4,869,252 of Norma Louise Gilli, issued September 26, 1989, entitled "Apparatus And Method For Controlling Pulse Energy In Antitachyarrhythmia And Bradycardia Pacing Devices," which is assigned to the assignee of the present invention and is incorporated herein by reference.

Telemetry circuit 30 provides a bidirectional link between control block 39 of pacemaker 17 and an external device such as a programmer. It allows data such as the operating parameters to be read from or altered in the implanted module 10.

Referring to FIG. 3, microprocessor 19 comprises two 16-bit timers 51 and 52, CPU 53, vectored interrupts block 54, ROM 55, RAM 56, exterial memory 57, ports 41 and an internal communications bus 40. RAM 56 acts as a scratch pad and active memory during execution of the various programs stored in ROM 55 and used by microprocessor 19. These programs include system supervisory programs, detection algorithms for detecting and confirming various arrhythmias, and programming for implementing the logic flow diagram of FIG. 6, as well as storage programs for storing, in external memory 57, data concerning the functioning of module 10 and the electrogram provided by ventricular cardiac lead 13 (FIG. 1). Timers 51 and 52, and associated control software, implement some timing fulctions required by microprocessor 19 without resort entirely to software, thus reducing computational loads on and power dissipation by CPU 53.

Signals received from telemetry circuit 30 permit an external programmer (not shown) to change the operating parameters of pacemaker 17 by supplying appropriate signals to control block 39. Communications bus 42

serves to provide signals indicative of such control to microprocessor 19. Thus, it is also possible for an external programmer to control operation of defibrillator 16 by means of signals provided to microprocessor 19.

Appropriate telemetry commands may cause telemetry circuit 30 to transmit data to the external programmer. Data stored is read out, by microprocessor 19, on to communications bus 42, through control block 39 in pacemaker 17, and into telemetry circuit 30 for transmission to the external programmer by a transmitter in telemetry circuit 30.

Microprocessor 19 receives various status and/or control inputs from pacemaker 17 and defibrillator 16, such as the sense signals on sense lines 45 and 49. It performs operations, such as arrhythmia detection, and produces outputs, such as the atrial pace control on line 46 and the ventricular pace control on line 50, which determine the type of pacing that is to take place. Other control outputs generated by microprocessor 19 include the atrial and ventricular pacing energy controls on lines 44 and 48, respectively, which determine the magnitude of the pulse energy, the shock control on line 59 which signals that a shock is to be delivered to the patient, the dump control on bus 58 which indicates that a shock is to be dumped at an internal load within the defibrillator, the charge control on bus 60 which determines the voltage level of the shock to be delivered, and the atrial and ventricular sensitivity controls on buses 43 and 47, respectively, which determine the sensitivity settings of the sensing circuits. Charge voltage level line 61 provides a digital signal representative of charge voltage from an analog-to-digital converter within defibrillator 16, thus providing a feedback loop which assures that a shock of proper energy level is delivered by defibrillator 16.

Referring to FIG. 4, there is depicted in illustrative format one embodiment of the antitachycardia pacing algorithm according to the invention. A series of M (M = 4) pacing trains (a pacing train is a series of pacing spikes controllably delivered in rapid succession) are delivered. For train 1, the programmed initial AV delay (the atrial to ventricular delay) interval is 10 ms. During a ventricular tachycardia the atrium and the ventricle are often in dissociation, therefore it is preferable for the dual chamber antitachycardia pacing to begin with a very short AV delay interval in order to re-establish association or synchrony as soon as possible between both chambers of the heart. The tachycardia cycle length (TCL) is 300ms. The VA delay interval (the ventricular to atrial interval) is calculated as a programmable percentage of the TCL for the purpose of adapting to the varying cycle lengths of tachycardias, and has been programmed to seventy percent of the TCL (300ms) in this embodiment, thereby establishing the calculated VA delay interval as 210ms. In this embodiment, the percentage of the TCL is taken as an average over the four previous sensed intervals, and remains fixed at this value (210 ms) during the course of the therapy. For train 1, N = 4, so that at the expiration of each of the 4 VA delay intervals of 210ms, an atrial pulse is delivered and at the expiration of each of the four AV delay intervals of IOms a pulse is delivered to the ventricle, so that there are a total of N pairs of pulses (or 2N = 8 pulses) delivered during train 1.

In train 2 of FIG. 4, the AV delay interval has been programmed to increment in value from the low initial value of IOms in train 1 to the new value of 50ms. The variation of the AV delay interval is executed by computer software by standard methods known to those skilled in the art. In the same manner in trains 3 and 4 of FIG. 4, the AV delay interval increases at the end of trains 2 and 3 to the increased values of IOOms and 150ms, respectively. In trains 2, 3, and 4, N = 4, as in train 1, thereby delivering N (4) pairs of pacing pulses in each train. In this particular embodiment of the invention, the value of N is equal in all of the trains. However, N is a programmable parameter and may be programmed by the physician to suit the needs of a particular patient. Furthermore, N may have differing values for different trains in alternate embodiments of the invention.

As shown in FIG. 4, the AV delay interval increments from IOms in train 1 to 150ms in train 4. This parameter is also programmable and is patient dependent. The AV delay may increment at the end of each train as in the preferred embodiment. However, the variation in the AV delay is not necessarily limited to steady increments. It may include any combination of increases, plateaus and decreases in its value.

Preferably, the initial value AV delay interval is less than or equal to 60 ms.

The VA delay interval in the preferred embodiment is programmed as a percentage of the TCL (70%). Although the invention does not limit the VA delay interval to a particular range, it has been found that the best results occur when it lies within the range of thirty percent to one hundred percent of the TCL. Furthermore, its value is not necessarily fixed during the antitachycardia therapy, but may vary and still remain within the scope of the invention.

If it is programmed to vary, the initial value is a percentage of the TCL; for example a percentage of the average cycle length of the last four intervals of the detected tachycardia. For instance, the VA delay interval may include various combinations of increasing, decreasing, or remaining at a fixed value. Any programmed variations may occur at the end of trains or even within trains, or may even be a function of AV delay interval variations.

In FIG. 4 the number of trains M is 4, and is also a patient dependent physician programmable parameter. At the completion of the M trains of antitachycardia pacing, the combined defibrillator pacing device returns to its normal operating mode including the options of normal dual chamber (DDD) pacing or defibrillation shocks, if necessary. Furthermore, the device may provide bradycardia support pacing, if required, which may include either single chamber or dual chamber bradycardia support pacing.

In FIG. 5 there is shown another embodiment of the dual chamber antitachycardia pacing algorithm. The TCL is measured at 300ms. The VA interval is programmed to be eighty percent of the TCL, and therefore assumes the value of 240ms.

The AV delay is programmed to increment in value over 4 trains, and assumes the values of lOms (train 1), 50 ms (train 2), lOOms (train 3), and 168ms (train 4). In this embodiment, the value of N varies from N = 4 in train 1, to N = 5 in train 2, and then to N = 6 in trains 3 and 4. The average sinus interval is measured prior to a tachycardia and is shown as the previous sinus interval or SI. In this example SI = 850ms. The AV delay for the previous sinus interval is measured also, and is known as SI AV, and is 210ms in this example. The value of AV delay in train 4 is programmed to be eighty percent of SI AV, which is eighty percent of 210ms, or 168ms. The reason for including this value in train 4 is that following the final train, the device implements overdrive (i.e. reduced rate) antitachycardia pacing at intervals of eighty percent of the intervals of SI in order to "ramp down" prior to the resumption of normal pacing. In this example eighty percent of SI is equal to eighty percent of 850ms or 680ms. This becomes the R-R interval for the overdrive pacing. The value of VA is set equal to the R-R interval minus the AV delay for the overdrive pacing, i.e. VA = 680ms - 168ms = 512ms. The time period for the overdrive pacing is programmable, and in this example it continues for five minutes prior to returning to normal pacing mode.

FIG. 6 is a flowchart for the detection of acceleration to a VF or a fast VT during the application of the dual chamber antitachycardia pacing therapy. At 61, normal operating mode is shown and upon the detection of tachycardia and its subsequent confirmation (the details of this are not shown on the flow chart), the dual chamber ATP therapy is applied at 62. It is important, as a safety mechanism for the patient, during the application of any antitachycardia therapy, to prevent acceleration of VT to faster VT or to VF. QRS detection is switched on at 63 during the ATP therapy to detect inherent QRS complexes which may occur either during the VA interval or during the AV delay. A decision is made at 64 on the basis of whether QRS complexes are detected If no QRS complexes are detected (65), control passes to timeout 77. If time is out (79), i.e. if the programmed time for the dual chamber ATP therapy has expired, then control passes to 76, the end of ATP therapy, and normal operating mode is resumed at 61. If at 77 the time has not expired (78), QRS detection at 63 is again commenced.

If there is detection of QRS complexes at 66, the next step is 67, where x/y detection is applied to determine whether the QRS complexes are regular or whether they are just isolated intrinsic beats. An example of x/y detection, in this embodiment, is 3/4 detection. The acceleration detection window is programmable to an interval less than the detected tachycardia cycle length by an amount delta (300ms in the examples of FIG. 4 and FIG. 5). Delta is programmable, and may be an absolute value or a percentage of the TCL. If delta is programmed to 75 ms, then 300ms - 75ms = 225ms. Thus, the acceleration detection window becomes 225ms. The acceleration detection interval is considered sufficient to detect an acceleration of an existing tachycardia. The 3/4 detection means that if any three out of the last four intervals are less than the acceleration detection window (225ms), then the x/y detection criteria are satisfied.

At 68, a decision is made to determine if the 3/4 detection criterion applies to the QRS complexes. If the 3/4 detection criterion is not met (69), control passes back to timeout at 77. If the time for therapy has not expired (78), it passes back to QRS detection at 63 and then either back to timeout 77 if no QRS complexes are detected at this time, or back to the application of x/y detection at 67 if QRS complexes are detected.

If at 70, the 3/4 detection criterion has been met, cardioversion or defibrillation therapy is applied at 74. It has been found safer and more effective to use this acceleration detection combined with cardioversion or defibrillation therapy as shown in Fig. 6 than to wait until the end of ATP therapy and face the possibility of a degeneration to a very fast VT or a VF. After cardioversion or defibrillation therapy at 75, the device returns to its normal mode of operation at 61.

Claims

1. A dual chamber antitachycardia pacing device (1) for the reversion of tachycardias in a heart (11) comprising: means (19) for detecting tachycardia, means (53) for measuring cycle length of said tachycardia, means (39) for determining an initial value of an AV delay interval, pulse generating means (17) responsive to said tachycardia detecting means for generating heart stimulating pulses for the atrium and for the ventricle, characterised in that the dual chamber antitachycardia pacing device comprises means (56) for determining a value of a VA delay interval less than or equal to the tachycardia cycle length, and in that said pulse generating means includes means (39) for delivering a predetermined series of M pulse trains with each train consisting of a total of 2N, where M and N are integers greater than 1, pacing pulses delivered in an alternating sequence to respective atrial and ventricular cardiac leads (21 and 31), so that timing of said delivered pulses is in accordance with the values of the VA delay interval and the AV delay interval, whereby each train comprises the delivery of a pacing pulse to atrial cardiac lead at the expiration of each of N VA delay intervals and a pacing pulse to the ventricular cardiac lead at the expiration of each of N AV delay intervals, and means (28 and 38) for varying said AV delay interval from said programmed initial value at least once prior to completion of said series of M pulse trains.

2. A dual chamber antitachycardia pacing device according to claim 1 further comprising means for confirming the presence of a tachycardia, wherein said pulse generating means is responsive to said confirming means.

3. A dual chamber antitachycardia pacing device according to claim 1 wherein said determined VA delay interval is a percentage of the tachycardia cycle length.

4. A dual chamber antitachycardia pacing device according to claim 3 wherein said percentage of the tachycardia cycle length is in the range of thirty to one hundred percent.

5. A dual chamber antitachycardia pacing device according to claim 1 further comprising means for incrementing said initial value of the AV delay interval at least once prior to said completion of said series of pulse trains to a final value of the AV delay interval.

6. A dual chamber antitachycardia pacing device according to claim 5 further comprising means for storing an average AV delay interval during previous sinus rhythm, wherein said final value of the AV delay interval is a function of and equal to or less than one hundred percent of the previous stored average AV delay interval during sinus rhythm.

7. A dual chamber antitachycardia pacing device according to claim 1 including means for providing dual chamber overdrive pacing, which is pacing with a reduced RR interval with respect to the previous sinus material, at the completion of said M trains of pulses.

8. A dual chamber antitachycardia pacing device according to claim 7 further comprising means for programming a duration of said dual chamber overdrive pacing.

9. A dual chamber antitachycardia pacing device according to claim 7 further comprising means for storing an average AV delay interval during previous sinus rhythm, wherein said dual chamber overdrive pacing includes an AV delay interval which is a function of and less than or equal to one hundred percent of the previous stored average AV delay interval during sinus rhythm.

10. A dual chamber antitachycardia pacing device according to claim 7 further comprising means for storing an average AV delay during previous sinus rhythm, wherein said dual chamber overdrive pacing includes a VA delay interval which is a function of and less than or equal to one hundred percent of the previous stored average VA delay interval during sinus rhythm.

11. A dual chamber antitachycardia pacing device according to claim 1 wherein said determined VA delay interval remains fixed during said series of M trains.

12. A dual chamber antitachycardia pacing device according to claim 1 further comprising means for varying said determined VA delay interval during the series of M trains.

13. A dual chamber antitachycardia pacing device according to claim 1 wherein said initial value of the AV delay interval is less than 20ms.

14. A dual chamber antitachycardia pacing device according to claim 1 wherein said initial value of the AV delay interval is less than or equal to 60ms.

15. A dual chamber antitachycardia pacing device according to claim 1 wherein N is fixed during said series of M trains.

16. A dual chamber antitachycardia pacing device according to claim 1 further comprising means for varying N during said series of M trains.

17. A dual chamber antitachycardia pacing device according to claim 16 wherein N is between 1 and 10.

18. A dual chamber antitachycardia pacing device according to claim 15 wherein N is between 1 and 10.

19. A dual chamber antitachycardia pacing device according to claim 1 wherein M is between 1 and 100.

20. A dual chamber antitachycardia pacing device according to claim 1 in combination with an implantable pacemaker cardioverter/defibrillator device.

21. A dual chamber antitachycardia pacing device according to claim 20 wherein said pacemaker includes at least one of single chamber and dual chamber bradycardia pacing.

22. A dual chamber antitachycardia pacing device according to claim 1 wherein said device includes means for sensing inherent QRS complexes during delivery of said trains of pacing pulses, means for determining an acceleration detection cycle length value less than said tachycardia cycle length, means for measuring the cycle lengths of said sensed QRS complexes, and means for delivering at least one of cardioversion and defibrillation therapy when a programmed number of said cycle

lengths of said sensed QRS complexes are less than said acceleration detection cycle length.

23. A dual chamber antitachycardia pacing device according to claim 1 wherein said means for determining an initial value of the AV delay interval includes programming means for programming said interval.

24. A dual chamber antitachycardia pacing device for the reversion of tachycardias of claim 1 further comprising: said pulse generating means including means for delivering a series of pacing pulse trains, means for sensing inherent QRS complexes during delivery of said trains of pacing pulses, means for determining an acceleration detection cycle length value less than said tachycardia cycle length, means for measuring cycle lengths of said sensed QRS complexes, and means for delivering at least one of cardioversion and defibrillation therapy when a number of said cycle lengths of said sensed QRS complexes are less than said acceleration detection cycle length.

Patentansprüche

1. Zweikammer-Antitachykardiestimulierungsvorrichtung (1) zur Reversion von Tachykardien in einem Herzen (11) mit: einer Einrichtung (19) zum Ermitteln von Tachykardie, einer Einrichtung (53) zum Messen der Zykluslänge der Tachykardie, einer Einrichtung (39) zum Bestimmen eines Anfangswertes eines AV-Verzögerungsintervalls, einer Impulserzeugungseinrichtung (17), die auf die Tachykardieermittlungseinrichtung anspricht, zum Erzeugen von Herzstimulierungsimpulsen für den Herzvorhof und für die Herzkammer, dadurch gekennzeichnet, daß die Zweikammer-Antitachykardiestimulierungsvorrichtung eine Einrichtung (56) zum Bestimmen eines Wertes eines VA-Verzögerungsintervalls aufweist, das gleich oder kleiner als die Tachykardiezykluslänge ist, und daß die Impulserzeugungseinrichtung eine Einrichtung (39) zur Verabreichung einer vorbestimmten Serie von M Impulszügen aufweist, wobei jeder Zug aus einer Gesamtzahl von 2N besteht, wobei M und N ganze Zahlen sind, die größer als 1 sind, wobei Stimulierungsimpulse in einer abwechselnden Folge an eine entsprechende Herzvorhofleitung und Herzkammerleitung (21 und 31) abgegeben werden, so daß die Zeiten der abgegebenen Impulse in Übereinstimmung mit den Werten des VA-Verzögerungsintervalls und des AV-Verzögerungsintervalls sind, wodurch jeder Zug die Abgabe eines Stimulierungsimpulses an eine Herzvorhofleitung bei der Beendigung jedes der N VA-Verzögerungsintervalle und eines Stimulierungsimpulses an die Herzkammerleitung bei der Beendigung jedes der N AV-Verzögerungsintervalle aufweist, und Einrichtungen (28 und 38) zum Ändern des AV-Verzögerungsintervalls von dem programmierten Anfangswert mindestens einmal vor Beendigung der Serie von M Impulszügen.

2. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, ferner mit einer Einrichtung zum Bestätigen des Vorhandenseins einer Tachykardie, wobei die Impulserzeugungseinrichtung auf die Bestätigungseinrichtung anspricht.

3. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei das bestimmte VA-Verzögerungsintervall ein prozentual er Teil der Tachykardiezykluslänge ist.

4. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 3, wobei der prozentuale Teil der Tachykardiezykluslänge im Bereich von dreißig bis einhundert Prozent liegt.

5. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, ferner mit einer Einrichtung zum Inkrementieren des Anfangswertes des AV-Verzögerungsintervalls mindestens einmal vor der Beendigung der Serie von Impulszügen bis zu einem Endwert des AV-Verzögerungsintervalls.

6. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 5, ferner mit einer Einrichtung zum Speichern eines durchschnittlichen AV-Verzögerungsintervalls während eines vorherigen Sinusrhythmus, wobei der Endwert des AV-Verzögerungsintervalls eine Funktion des vorherigen gespeicherten durchschnittlichen AV-Verzögerungsintervalls während eines Sinusrhythmus und gleich oder kleiner als einhundert Prozent desselben ist.

7. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, mit einer Einrichtung zum Verabreichen einer Zweikammer-Überstimulierung, was eine Stimulierung mit einem verringerten RR-Intervall in bezug auf das vorherige Sinusmaterial bedeutet, bei der Beendigung der M Zügen von Impulsen.

8. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 7, ferner mit einer Einrichtung zum Programmieren einer Dauer der Zweikammer-Überstimulierung.

9. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 7, ferner mit einer Einrichtung zum Speichern eines durchschnittlichen AV-Verzögerungsintervalls während eines vorherigen Sinusrhythmus, wobei die Zweikammer-Überstimulierung ein AV-Verzögerungsintervall aufweist, das eine Funktion des vorherigen gespeicherten

durchschnittlichen AV-Verzögerungsintervalls während eines Sinusrhythmus und gleich oder kleiner als einhundert Prozent desselben ist.

10. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 7, ferner mit einer Einrichtung zum Speichern einer durchschnittlichen AV-Verzögerung während eines vorherigen Sinusrhythmus, wobei die Zweikammer-Überstimulierung ein VA-Verzögerungsintervall aufweist, das eine Funktion des vorherigen gespeicherten durchschnittlichen VA-Verzögerungsintervalls während eines Sinusrhythmus und gleich oder kleiner als einhundert Prozent desselben ist.

11. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei das bestimmte VA-Verzögerungsintervall während der Serie von M Zügen fest bleibt.

12. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, ferner mit einer Einrichtung zum Ändern des bestimmten VA-Verzögerungsintervalls während der Serie von M Zügen.

13. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei der Anfangswert des AV-Verzögerungsintervalls kleiner als 20 ms ist.

14. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei der Anfangswert des AV-Verzögerungsintervalls gleich oder kleiner als 60 ms ist.

15. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei N während der Serie von M Zügen fest ist.

16. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, ferner mit einer Einrichtung zum Ändern von N während der Serie von M Zügen.

17. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 16, wobei N zwischen 1 und 10 liegt.

18. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 15, wobei N zwischen 1 und 10 liegt.

19. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei M zwischen 1 und 100 liegt.

20. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1 in Kombination mit einer implantierbaren Schrittmacher-Kardioversions/Defibrillator-Vorrichtung.

21. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 20, wobei der Schrittmacher mindestens eines, nämlich eine Einkammer- oder eine Zweikammer-Bradykardiestimulierung aufweist.

22. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei die Vorrichtung aufweist: eine Einrichtung zum Erfassen von inhärenten QRS-Gruppen während der Abgabe der Züge von Stimulierungsimpulsen, eine Einrichtung zum Bestimmen eines Beschleunigungsermittlungszykluslängenwertes, der kleiner ist als die Tachykardiezykluslänge, eine Einrichtung zum Messen der Zykluslängen der erfaßten QRS-Gruppen und eine Einrichtung zum Verabreichen mindestens einer, nämlich einer Kardioversions- oder einer Defibrillationstherapie, wenn eine programmierte Anzahl der Zykluslängen der erfaßten QRS-Gruppen kleiner ist als die Beschleunigungsermittlungszykluslänge.

23. Zweikammer-Antitachykardiestimulierungsvorrichtung nach Anspruch 1, wobei die Einrichtung zum Bestimmen eines Anfangswertes des AV-Verzögerungsintervalls eine Programmiereinrichtung zum Programmieren des Intervalls aufweist.

24. Zweikammer-Antitachykardiestimulierungsvorrichtung zur Reversion von Tachykardien nach Anspruch 1, ferner mit: der Impulserzeugungseinrichtung mit einer Einrichtung zum Abgeben einer Serie von Stimulierungs impulszügen, einer Einrichtung zum Erfassen von inhärenten QRS-Gruppen während der Abgabe der Züge von Stimulierungsimpulsen, einer Einrichtung zum Bestimmen eines Beschleunigungsermittlungszykluslängenwertes, der kleiner ist als die Tachykardiezykluslänge, einer Einrichtung zum Messen von Zykluslängen der erfaßten QRS-Gruppen und einer Einrichtung zum Verabreichen mindestens einer, nämlich einer Kardioversions- oder Defibrillationstherapie, wenn eine Anzahl der Zykluslängen der erfaßten QRS-Gruppen kleiner ist als die Beschleunigungsermittlungszykluslänge.

Revendications

1. Dispositif de stimulation antitachycardie à deux chambres (1) pour la réversion de tachycardies dans un coeur (11), comprenant: un moyen (19) pour détecter une tachycardie, un moyen (53) pour mesurer une longueur de cycle de ladite tachycardie, un moyen (39) pour déterminer une valeur initiale d'un intervalle de retard AV, un moyen de génération d'impulsion (17) sensible audit moyen

de détection de tachycardie pour générer des impulsions de stimulation de coeur pour l'oreillette et le ventricule, caractérisé en ce que le dispositif de stimulation antitachycardie à deux chambres comprend un moyen (56) pour déterminer une valeur d'un intervalle de retard VA inférieure ou égale à la longueur de cycle de tachycardie et en ce que ledit moyen de génération d'impulsion inclut un moyen (39) pour délivrer une série prédéterminée de M trains d'impulsions, chaque train étant constitué par un total de 2N impulsions de stimulation où M et N sont des entiers supérieurs à 1, délivrées selon une séquence alternée sur des connexions cardiaques d'oreillette et de ventricule respectives (21 et 31) de telle sorte qu'un cadencement desdites impulsions délivrées soit conforme aux valeurs de l'intervalle de retard VA et de l'intervalle de retard AV de telle sorte que chaque train comprenne la délivrance d'une impulsion de stimulation sur la connexion cardiaque d'oreillette à l'expiration de chacun de N intervalles de retard VA et d'une impulsion de stimulation sur la connexion cardiaque de ventricule à l'expiration de chacun de N intervalles de retard AV et un moyen (28 et 38) pour faire varier ledit intervalle de retard AV par rapport à ladite valeur initiale programmée au moins une fois avant la fin de ladite série de M trains d'impulsions.

2. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, comprenant en outre un moyen pour confirmer la présence d'une tachycardie, où ledit moyen de génération d'impulsion est sensible audit moyen de confirmation.

3. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel ledit intervalle de retard VA déterminé est un pourcentage de la longueur de cycle de tachycardie.

4. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 3, dans lequel ledit pourcentage de la longueur de cycle de tachycardie est dans la plage de 30 à 100 %.

5. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, comprenant en outre un moyen pour incrémenter ladite valeur initiale de l'intervalle de retard AV au moins une fois avant ladite fin de ladite série de trains d'impulsions jusqu'à une valeur finale de l'intervalle de retard AV.

6. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 5, comprenant en outre un moyen pour stocker un intervalle de retard AV moyenné pendant un rythme sinusal précédent où ladite valeur finale de l'intervalle de retard AV est une fonction de et est égale ou inférieure à cent pour cent de l'intervalle de retard AV moyenné stocké précédent pendant un rythme sinusal.

7. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, incluant un moyen pour assurer une stimulation de surattaque à deux chambres qui est une stimulation avec un intervalle RR réduit par rapport au rythme sinusal précédent, à la fin desdits M trains d'impulsions.

8. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 7, comprenant en outre un moyen pour programmer une durée de ladite stimulation de sur-attaque à deux chambres.

9. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 7, comprenant en outre un moyen pour stocker un intervalle de retard AV moyenné pendant un rythme sinusal précédent, où ladite stimulation de sur-attaque à deux chambres inclut un intervalle de retard AV qui est une fonction de et qui est égal ou inférieur à cent pour cent de l'intervalle de retard AV moyenné stocké précédent pendant un rythme sinusal.

10. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 7, comprenant en outre un moyen pour stocker un retard AV moyenné pendant un rythme sinusal précédent, où ladite stimulation de surattaque à deux chambres inclut un intervalle de retard VA qui est une fonction de et qui est égal ou inférieur à cent pour cent de l'intervalle de retard VA moyenné stocké précédent pendant un rythme sinusal.

11. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel ledit intervalle de retard VA déterminé reste fixe pendant ladite série de M trains.

12. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, comprenant en outre un moyen pour faire varier ledit intervalle de retard VA déterminé pendant la série de M trains.

13. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel ladite valeur initiale de l'intervalle de retard AV est inférieure à 20 millisecondes.

14. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel ladite valeur initiale de l'intervalle de retard AV est inférieure ou égale à 60 millisecondes.

15. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel N est fixe pendant ladite série de M trains.

16. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, comprenant en outre un moyen pour faire varier N pendant ladite

série de M trains.

17. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 16, dans lequel N est compris entre 1 et 10.

18. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 15, dans lequel N est compris entre 1 et 10.

19. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel M est compris entre 1 et 100.

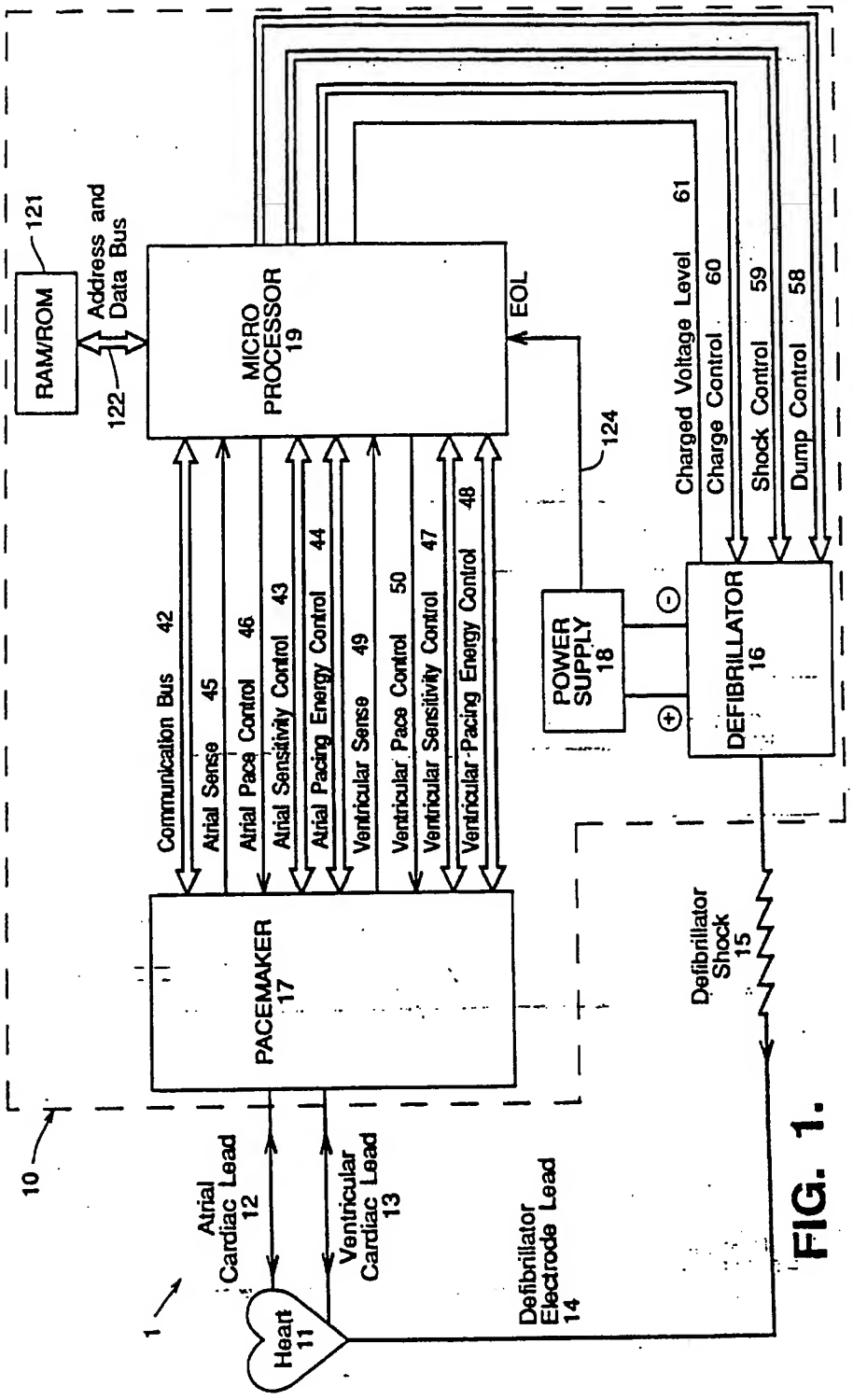
20. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1 en combinaison avec un dispositif de stimulation/cardioversion/défibrillation implantable.

21. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 20, dans lequel ledit stimulateur cardiaque inclut au moins une stimulation prise parmi une stimulation de bradycardie à une seule chambre et une stimulation de bradycardie à deux chambres.

22. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel ledit dispositif inclut un moyen pour détecter des complexes QRS inhérents pendant la délivrance desdits trains d'impulsions de stimulation, un moyen pour déterminer une valeur de longueur de cycle de détection d'accélération inférieure à ladite longueur de cycle de tachycardie, un moyen pour mesurer les longueurs de cycle desdits complexes QRS détectés et un moyen pour délivrer au moins une thérapie prise parmi une thérapie de cardioversion et une thérapie de défibrillation lorsqu'un nombre programmé desdites longueurs de cycle desdits complexes QRS détectés constitue une longueur inférieure à ladite longueur de cycle de détection d'accélération.

23. Dispositif de stimulation antitachycardie à deux chambres selon la revendication 1, dans lequel ledit moyen de détermination d'une valeur initiale de l'intervalle de retard AV inclut un moyen de programmation pour programmer ledit intervalle.

24. Dispositif de stimulation antitachycardie à deux chambres pour la réversion de tachycardies selon la revendication 1, comprenant en outre: ledit moyen de génération d'impulsion qui inclut un moyen pour délivrer une série de trains d'impulsions de stimulation, un moyen pour détecter des complexes QRS inhérents pendant la délivrance desdits trains d'impulsions de stimulation, un moyen pour déterminer une valeur de longueur de cycle de détection d'accélération inférieure à ladite longueur de cycle de tachycardie, un moyen pour mesurer des longueurs de cycle desdits complexes QRS détectés et un moyen pour délivrer au moins une thérapie prise parmi une thérapie de cardioversion et une thérapie de défibrillation lorsqu'un nombre desdites longueurs de cycle desdits complexes QRS détectés constitue une longueur inférieure à ladite longueur de cycle de détection d'accélération.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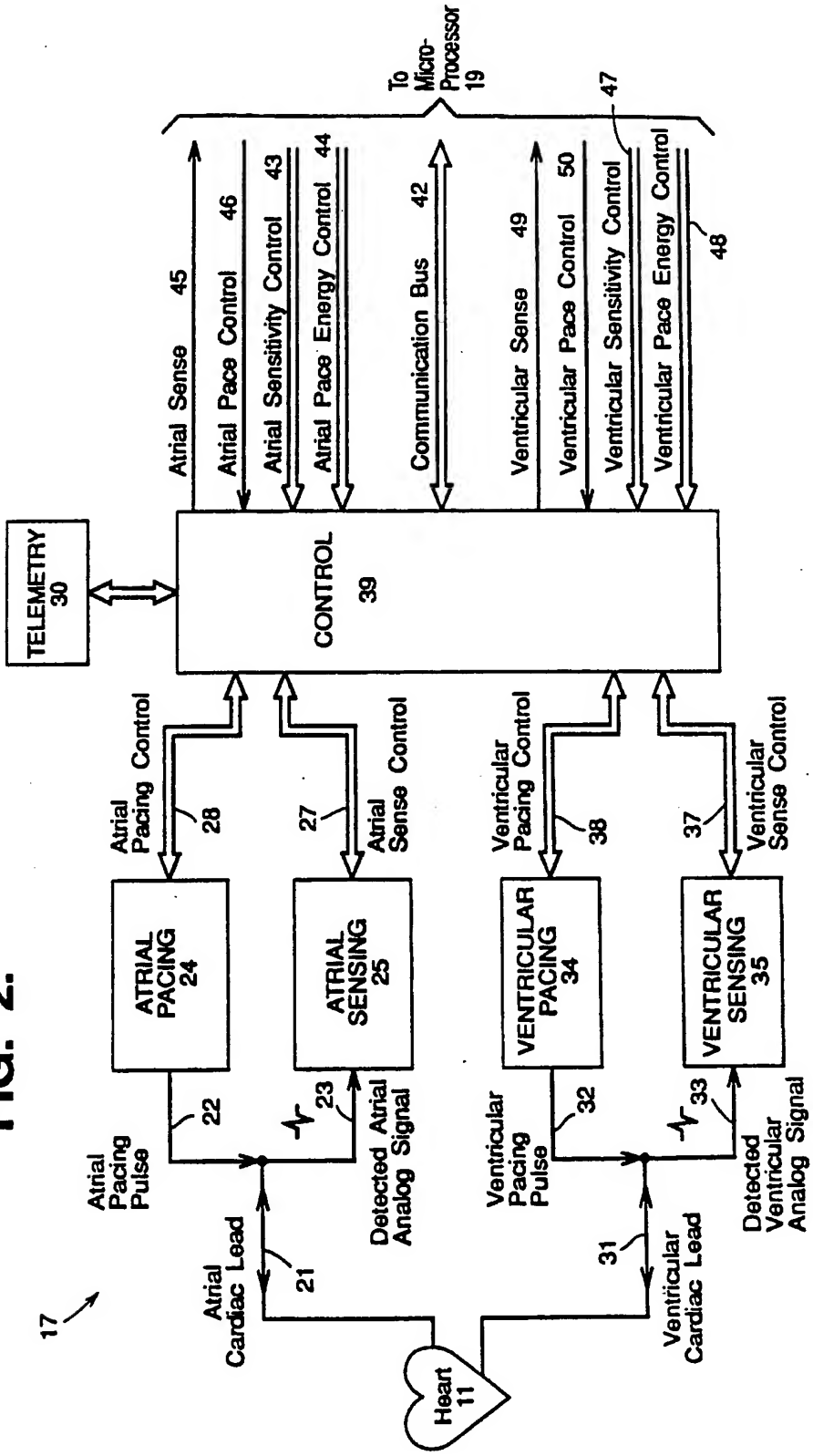
Address and Data Bus
122
MICRO PROCESSOR 19
EOL
124
Charged Voltage Level 61
Charge Control 60
Shock Control 59
Dump Control 58
Communication Bus 42
Atrial Sense 45
Atrial Pace Control 46
Atrial Sensitivity Control 43
Atrial Pacing Energy Control 44
Ventricular Sense 49
Ventricular Pace Control 50
Ventricular Sensitivity Control 47
Ventricular Pacing Energy Control 48
POWER SUPPLY 18
DEFIBRILLATOR 16
PACEMAKER 17
Defibrillator Shock 15
10
Atrial Cardiac Lead 12
Ventricular Cardiac Lead 13
Defibrillator Electrode Lead 14
1
Heart 11

FIG. 1.

FIG. 2.


To Micro-Processor 19
47
Atrial Sense 45
Atrial Pace Control 46
Atrial Sensitivity Control 43
Atrial Pace Energy Control 44
Communication Bus 42
Ventricular Sense 49
Ventricular Pace Control 50
Ventricular Sensitivity Control
Ventricular Pace Energy Control
48
TELEMETRY 30
CONTROL 39
Atrial Pacing Control 28
Atrial Sense Control 27
Ventricular Pacing Control 38
Ventricular Sense Control 37
ATRIAL PACING 24
ATRIAL SENSING 25
VENTRICULAR PACING 34
VENTRICULAR SENSING 35
Atrial Pacing Pulse 22
23 Detected Atrial Analog Signal
Ventricular Pacing Pulse 32
33 Detected Ventricular Analog Signal
Atrial Cardiac Lead 21
31 Ventricular Cardiac Lead
Heart 11
17

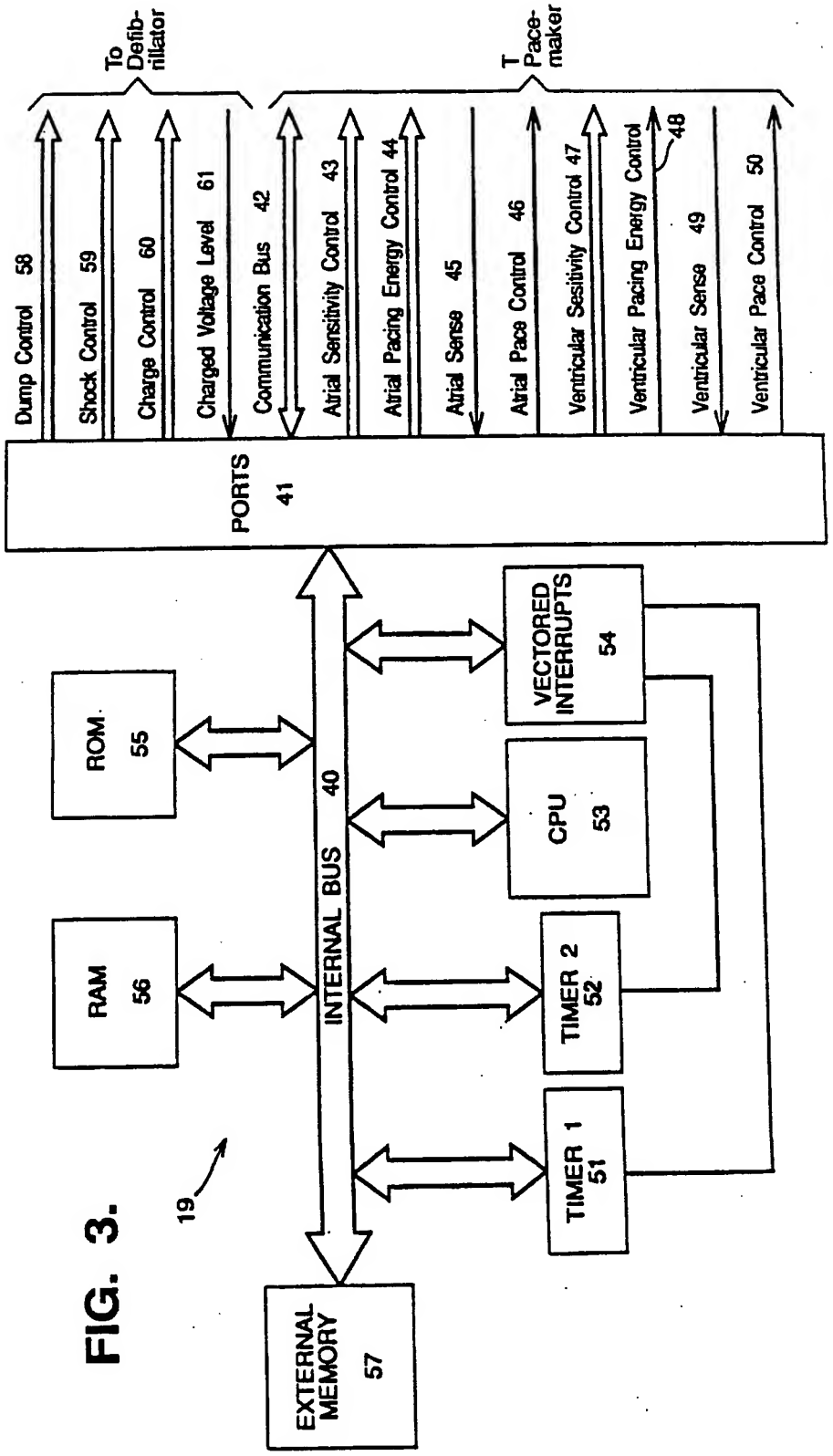

To Defib-rillator
To Pace-maker
Dump Control 58
Shock Control 59
Charge Control 60
Charged Voltage Level 61
Communication Bus 42
Atrial Sensitivity Control 43
Atrial Pacing Energy Control 44
Atrial Sense 45
Atrial Pace Control 46
Ventricular Sesitivity Control 47
Ventricular Pacing Energy Control 48
Ventricular Sense 49
Ventricular Pace Control 50
PORTS 41
INTERNAL BUS 40
ROM 55
RAM 56
EXTERNAL MEMORY 57
VECTORED INTERRUPTS 54
CPU 53
TIMER 2 52
TIMER 1 51
19

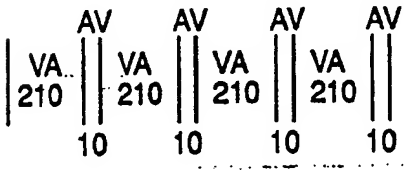
FIG. 3.

FIG. 4.

DUAL CHAMBER ANTITACHYCARDIA PACING ALGORITHM

TCL = 300 ms VA = 70% TCL = 210 ms
AV = 10 ms 50 ms 100 ms 150 ms

TRAIN 1 N=4



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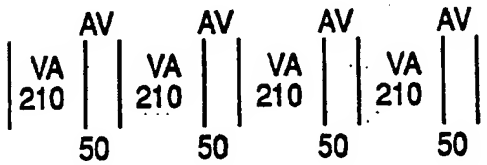

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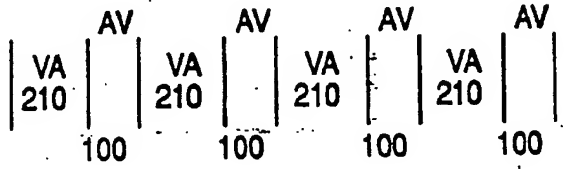

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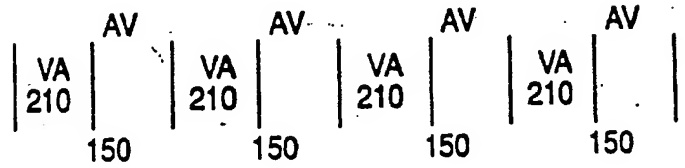
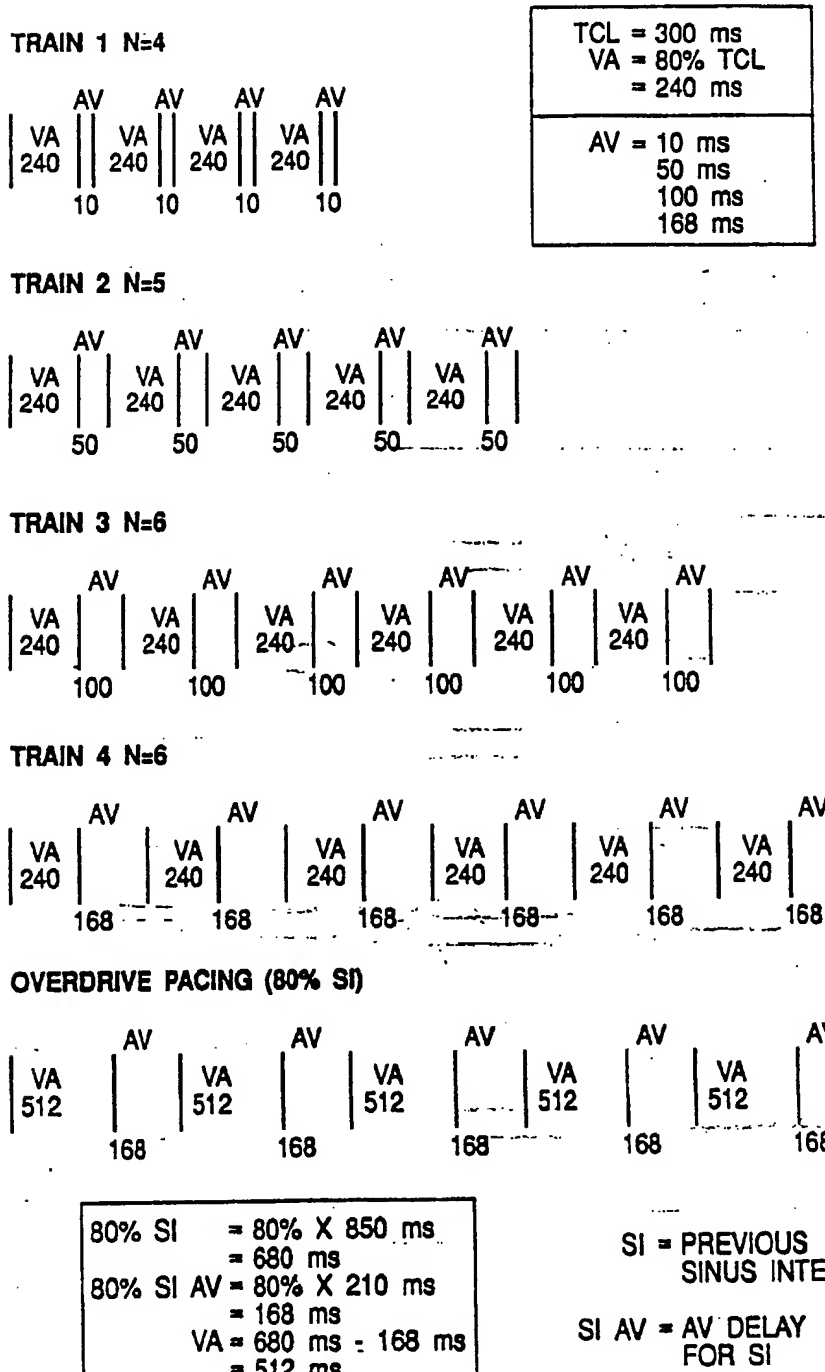


FIG. 5.

DUAL CHAMBER ANTITACHYCARDIA PACING ALGORITHM



FLOWCHART FOR DETECTION OF ACCELERATION TO VF/ FAST VT DURING DUAL CHAMBER ATP THERAPY

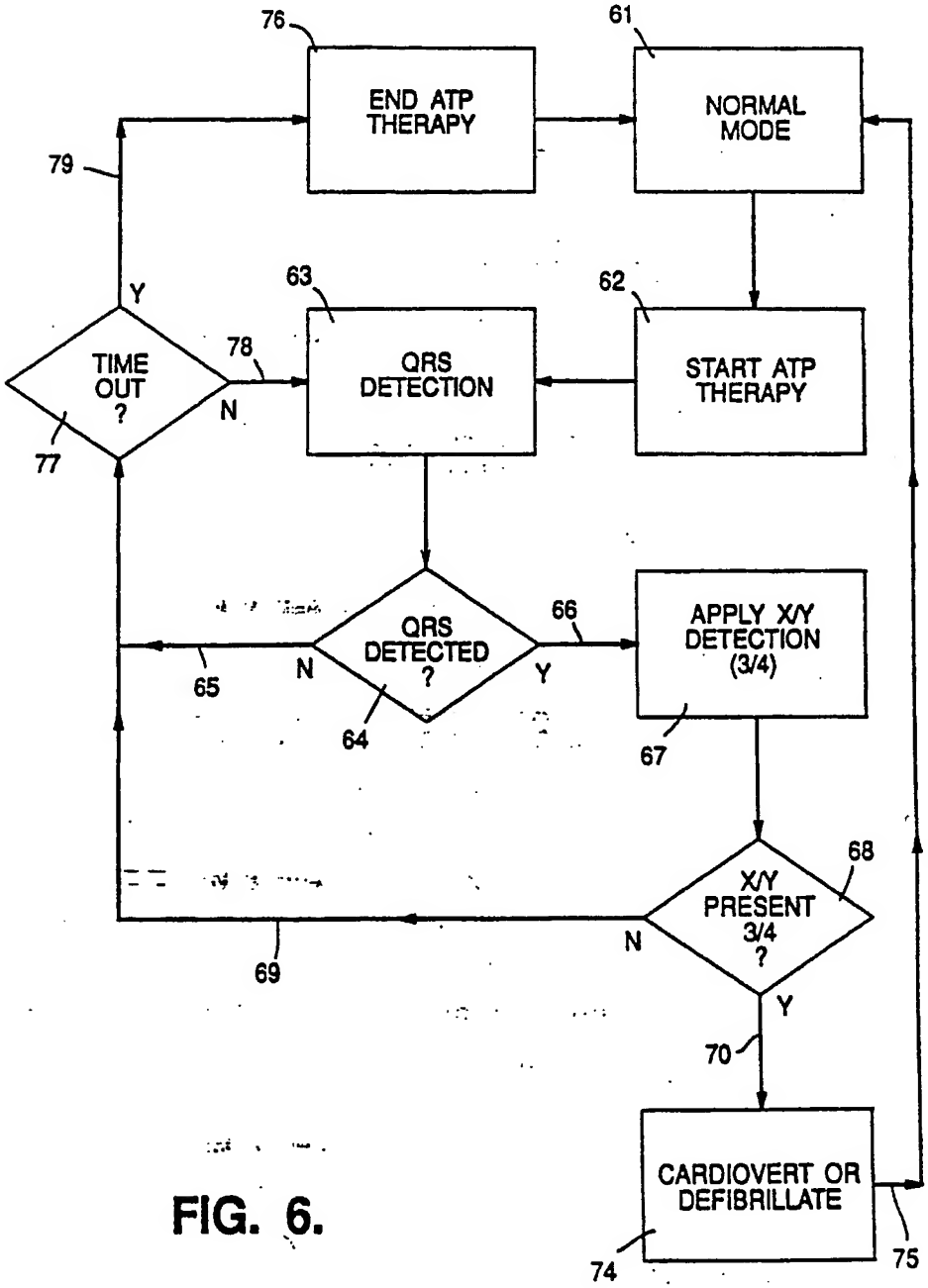


FIG. 6.